



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED
Drugs Abuse Control Program
By Carol Day at 12:20 pm, Mar 09, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <u>204106</u>	DATE OF INSPECTION <u>3-1-10</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>MUNROE CITY POLICE DEPARTMENT, 300 NORTH MAIN STREET, MUNROE CITY MO 63456</u>	TIME OF INSPECTION <u>0851</u>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>50</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .100	TEST 3 <input checked="" type="checkbox"/> .100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)					
REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>2</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(Over .19) <u>0</u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

1 INCOMPLETE SAMPLE

INSTRUMENT MEETS DEPT. OF HEALTH SPECS., PERO MARKETING TAG, .10 SOLUTION

LOT NO. 09002, EXP. 08-31-11

INSPECTING OFFICER

SIGNATURE <u>B. C. Griffin</u>	PRINT NAME <u>B. C. GRIFFIN</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200A33 / 02-05-2012</u>	TELEPHONE NUMBER <u>(660) 385-2132</u>

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 09002

EXPIRATION DATE: August 31, 2011 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 09002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is September 1, 2009.
The expiration date for this lot number is August 31, 2011
at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRANDON C GRIFFIN

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/05/2010

Number 200033

Expires 02/05/2012

MO 560-0771 (7-88)

Interim Director

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204106
03/01/10

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

PERMIT NUMBER: 200033 B.C.G.

EXPIRATION DATE: 02-05-2012

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:07
INTERNAL STANDARD	VERIFIED	09:07
EXTERNAL STANDARD	.099	09:08
BLANK TEST	.000	09:08
EXTERNAL STANDARD	.100	09:09
BLANK TEST	.000	09:09
EXTERNAL STANDARD	.100	09:10
BLANK TEST	.000	09:10

N = 3

SD. = .1

AVG. = .0996

Operator Signature

22

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204106
03/01/10
00:51

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~`"

Operator Signature

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204106
03/01/10

ARREST TIME: 08:00

SUBJECT NAME:

TEST

DOB: 01/01/70 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

GRIFFIN/D/C

OFFICER I.D.: 0429

TESTING OFFICER:

GRIFFIN/D/C

OFFICER I.D.: 0429

PERMIT NUMBER: 200033 B.C.G.

EXPIRATION DATE: 02-05-2012

MISCELLANEOUS DATA:

R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:14
INTERNAL STANDARD	VERIFIED	09:14
AUDIO INTERFERENCE		

Operator Signature

